

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2006 NOV -1 AM 9:42 CITY CLERK CITY OF LODI	CALIFORNIA FORM 460 Page <u>1</u> of <u>1</u> For Official Use Only
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Statement covers period from <u>Oct 1, 2006</u> through <u>Oct 21, 2006</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 7, 2006</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
 ☐ State Candidate Election Committee
 ☐ Recall
 (Also Complete Part 5)
- ☐ General Purpose Committee
 ☐ Sponsored
 ☐ Small Contributor Committee
 ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
 ☐ Controlled
 ☐ Sponsored
 (Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
 (Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
 (Also file a Form 410 Termination)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495
- ☒ Amendment (Explain below)
CORRECTION TO COVER PAGE

3. Committee Information

I.D. NUMBER 1290555

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

KEVIN STEVENS FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

1408 GRAFFIGNA AVE

CITY STATE ZIP CODE AREA CODE/PHONE

LODI, CA 95242-2461 209.333.6800 X9333

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 1383

CITY STATE ZIP CODE AREA CODE/PHONE

LODI, CA 95241-1383

OPTIONAL: FAX / E-MAIL ADDRESS

KEVIN4COUNCIL@TELNETCOM.US

Treasurer(s)

NAME OF TREASURER

KEVIN E. STEVENS

MAILING ADDRESS

PO Box 1383

CITY STATE ZIP CODE AREA CODE/PHONE

LODI, CA 95241-1383 209.333.0145

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 30 Oct 2006
Date

Executed on 30 Oct 2006
Date

Executed on _____
Date

Executed on _____
Date

By Kevin E. Stevens
Signature of Treasurer or Assistant Treasurer

By Kevin E. Stevens
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent